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B1 (Official Form 1)(1/08)		oamone	a	.go <u> </u>		_			
	States Bank thern District						Volu	intary	Petition
Name of Debtor (if individual, enter Last, First, Kraus, Erin C	Middle):		Name	of Joint De	ebtor (Spouse	) (Last, First	, Middle):		
All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):	3 years				used by the J maiden, and			years	
Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) xxx-xx-0291	-	Complete EI	(if mor	e than one, s	state all)				./Complete EIN
Street Address of Debtor (No. and Street, City, a: 4675 Lake Trail Drive Apt. #1A	nd State):		Street	Address of	Joint Debtor	(No. and St	reet, City, and	d State):	
Lisle, IL	_	ZIP Code	_						ZIP Code
County of Residence or of the Principal Place of <b>Dupage</b>		60532	Count	y of Reside	ence or of the	Principal Pla	ace of Busine	ess:	
Mailing Address of Debtor (if different from stre	eet address):		Mailir	ng Address	of Joint Debt	or (if differe	nt from street	t address):	
		ZIP Code							ZIP Code
Location of Principal Assets of Business Debtor									
(if different from street address above):									
Type of Debtor		of Business			-	-	tcy Code U		h
(Form of Organization) (Check one box)	☐ Health Care Bu	k one box) Isiness		Chapt		retition is Fi	iled (Check o	one box)	
Individual (includes Joint Debtors)	☐ Single Asset Rein 11 U.S.C. §		defined	☐ Chapt	er 9		hapter 15 Pet a Foreign M		
See Exhibit D on page 2 of this form.	☐ Railroad ☐ Stockbroker	` ,		☐ Chapt☐ Chapt☐		_	hapter 15 Pet		C
☐ Corporation (includes LLC and LLP) ☐ Partnership	Commodity Bro	oker		☐ Chapt		of	a Foreign No	onmain Pro	ceeding
Other (If debtor is not one of the above entities,	☐ Clearing Bank☐ Other					Natur	e of Debts		
check this box and state type of entity below.)		empt Entity		_		(Checl	k one box)	_	
	(Check box Debtor is a tax- under Title 26 c Code (the Inter-	of the United	nization I States	defined	are primarily condition of the second of the	3 101(8) as dual primarily	for		are primarily ss debts.
Filing Fee (Check on	e box)			one box:		Chapter 11		111000	101(517)
Full Filing Fee attached		1 . 36 .			a small busin not a small b				101(51D). C. § 101(51D).
Filing Fee to be paid in installments (applical attach signed application for the court's consi	ideration certifying t	hat the debto			aggregate nor	acontingent l	ianidated del	nts (excludi	ng debts owed
is unable to pay fee except in installments. Roll Filing Fee waiver requested (applicable to ch	` ′			to insider	s or affiliates)				
attach signed application for the court's consi				Acceptan	being filed was of the plant creditors, in a	n were solici	ted prepetition	on from one C. § 1126(b)	or more
Statistical/Administrative Information							SPACE IS FO		
Debtor estimates that funds will be available Debtor estimates that, after any exempt prope there will be no funds available for distribution	erty is excluded and	administrati		es paid,					
Estimated Number of Creditors	7 17	П	П	П	П	1			
1- 50- 100- 200- 1	1,000- 5,001- 5,000 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000				
\$0 to \$50,001 to \$100,001 to \$500,001 \$ \$50,000 \$100,000 \$500,000 to \$1		\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion					
\$0 to \$50,001 to \$100,001 to \$500,001 \$ \$50,000 \$100,000 \$500,000 to \$1	\$1,000,001 \$10,000,001 to \$10 to \$50 million		\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion					

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B1 (Official For	m 1)(1/08)	Page 2 01 49	Page 2
Voluntar	y Petition	Name of Debtor(s):  Kraus, Erin C	
(This page mu	st be completed and filed in every case)	Ridus, Ellii G	
	All Prior Bankruptcy Cases Filed Within Last	t 8 Years (If more than two, attach ac	dditional sheet)
Location Where Filed:	- None -	Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
	nding Bankruptcy Case Filed by any Spouse, Partner, or	· · · · · · · · · · · · · · · · · · ·	<del></del>
Name of Debt - None -	or:	Case Number:	Date Filed:
District:		Relationship:	Judge:
	Exhibit A		xhibit B 1 whose debts are primarily consumer debts.)
forms 10K a pursuant to S and is reques	oleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.)	I, the attorney for the petitioner named have informed the petitioner that [he of 12, or 13 of title 11, United States Counder each such chapter. I further cert required by 11 U.S.C. §342(b).	d in the foregoing petition, declare that I or she] may proceed under chapter 7, 11, de, and have explained the relief available tify that I delivered to the debtor the notice
Exhibit	A is attached and made a part of this petition.	X /s/ Edmund G. Urban III Signature of Attorney for Debtor(s Edmund G. Urban III 6182	
	Exh	nibit C	
	or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.	pose a threat of imminent and identifiable	e harm to public health or safety?
		nibit D	
_	leted by every individual debtor. If a joint petition is filed, ea D completed and signed by the debtor is attached and made	-	a separate Exhibit D.)
If this is a joi		a part of this petition.	
_	D also completed and signed by the joint debtor is attached a	and made a part of this petition.	
	Information Regardin	=	
_	(Check any ap Debtor has been domiciled or has had a residence, princip	-	ets in this District for 180
_	days immediately preceding the date of this petition or for		
	There is a bankruptcy case concerning debtor's affiliate, ge		
	Debtor is a debtor in a foreign proceeding and has its princ this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District.	s in the United States but is a defenda	nt in an action or
	Certification by a Debtor Who Reside (Check all app		rty
	Landlord has a judgment against the debtor for possession		complete the following.)
	(Name of landlord that obtained judgment)		
	, , , , , , , , , , , , , , , , , , ,		
	(Address of landlord)		
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment to		
	Debtor has included in this petition the deposit with the coafter the filing of the petition.		•
	Debtor certifies that he/she has served the Landlord with the	his certification. (11 U.S.C. § 362(1)).	

## B1 (Official Form 1)(1/08)

**Voluntary Petition** 

(This page must be completed and filed in every case)

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Erin C Kraus

Signature of Debtor Erin C Kraus

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

May 22, 2008

Date

### Signature of Attorney\*

### X /s/ Edmund G. Urban III

Signature of Attorney for Debtor(s)

#### Edmund G. Urban III 6182264

Printed Name of Attorney for Debtor(s)

Urban & Burt, Ltd.

Firm Name

5320 W 159th Street Suite 501 Oak Forest, IL 60452

Address

### Email: bk@urbanburt.com

708-687-5200 Fax: 708-687-5278

Telephone Number

May 22, 2008

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Kraus, Erin C

#### Signatures

### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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Official Form 1, Exhibit D (10/06)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Erin C Kraus	n C Kraus		
		Debtor(s)	Chapter	7

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] \_\_\_\_

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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## Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of realizing and making rational decisions with respect to
financial responsibilities.);
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or
through the Internet.);
☐ Active military duty in a military combat zone.
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.
I certify under penalty of perjury that the information provided above is true and correct.
Signature of Debtor: /s/ Erin C Kraus
Erin C Kraus
Date: May 22, 2008

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B6 Summary (Official Form 6 - Summary) (12/07)

# **United States Bankruptcy Court Northern District of Illinois**

In re	Erin C Kraus		Case No		
-		Debtor	,		
			Chapter	7	
			• -		

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	6,740.29		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		67,030.91	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,291.04
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,259.00
Total Number of Sheets of ALL Schedu	ıles	23			
	Т	otal Assets	6,740.29		
			Total Liabilities	67,030.91	

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Form 6 - Statistical Summary (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Erin C Kraus		Case No.	
_		Debtor	-,	
			Chapter	7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	17,817.51
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	17,817.51

### State the following:

Average Income (from Schedule I, Line 16)	2,291.04
Average Expenses (from Schedule J, Line 18)	2,259.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	1,471.17

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		67,030.91
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		67,030.91

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B6A (Official Form 6A) (12/07)

In re	Erin C Kraus	Case No.
		Debtor ,

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

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B6B (Official Form 6B) (12/07)

In re	Erin C Kraus	Case No.	
· <del>-</del>		Debtor	

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	X		
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan,	Checking account located at Charter One Bank #4511066441 [includes \$2,000.00 tax refund for tax year 2007]	-	200.00
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Savings account located at Charter One Bank	-	100.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	x		
4.	Household goods and furnishings, including audio, video, and computer equipment.	General household furnishings and goods	-	500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	x		
6.	Wearing apparel.	General clothing	-	300.00
7.	Furs and jewelry.	x		
8.	Firearms and sports, photographic, and other hobby equipment.	x		
9.	Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.	X		
10.	Annuities. Itemize and name each issuer.	x		
			Sub-Tota	al > <b>1,100.00</b>

**2** continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

In re	Erin C Kraus	Case No.	
-		Debtor ,	

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			(Continuation Sheet)		
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	Х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401k located through former employer, Estee Lauder/MAC cosmetics	-	605.29
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tota	al > <b>605.29</b>
			(To	tal of this page)	

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

In re	Erin C Kraus	Case No.	
-			_

Debtor

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	20	01 Chevrolet Malibu	-	5,035.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

Total > **6,740.29** 

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

5,035.00

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B6C (Official Form 6C) (12/07)

In re	Erin C Kraus	Case No.

Debtor

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled u (Check one box)  11 U.S.C. \$522(b)(2)  11 U.S.C. \$522(b)(3)	nder: Check if debtor \$136,875.							
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption					
Checking, Savings, or Other Financial Accounts, C Checking account located at Charter One Bank #4511066441 [includes \$2,000.00 tax refund for tax year 2007]	ertificates of Deposit 735 ILCS 5/12-1001(b)	200.00	200.00					
Savings account located at Charter One Bank	735 ILCS 5/12-1001(b)	100.00	100.00					
Household Goods and Furnishings General household furnishings and goods	735 ILCS 5/12-1001(b)	500.00	500.00					
Wearing Apparel General clothing	735 ILCS 5/12-1001(a)	300.00	300.00					
Interests in IRA, ERISA, Keogh, or Other Pension of 401k located through former employer, Estee Lauder/MAC cosmetics	r Profit Sharing Plans 735 ILCS 5/12-704	605.29	605.29					
Automobiles, Trucks, Trailers, and Other Vehicles 2001 Chevrolet Malibu	735 ILCS 5/12-1001(c)	2,400.00	5,035.00					

735 ILCS 5/12-1001(c) 735 ILCS 5/12-1001(b)

6,740.29 6,740.29 Total:

2,635.00

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B6D (Official Form 6D) (12/07)

In re	Erin C Kraus	Case No
-		Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Hus	sband, Wife, Joint, or Community	c.	11			
H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	)           		AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Т	T E			
-	Value \$		D			
Н	v and c ψ	-		Н		
-	Value \$					
П						
-	Value \$					
-	Value \$					
		ubto	ota			
	(Report on Summary of Scl			- 1	0.00	0.00
	W J	W NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN  Value \$  Value \$  Value \$  Value \$  (Total of the	Value \$  Value \$  Value \$  Value \$  In the second of this part of the second of the secon	Value \$  Value \$  Value \$  Value \$  I a subtota (Total of this page Total of this page Total of the pa	Value \$  Value \$  Value \$	Value \$  Value \$  Value \$  Value \$  Subtotal (Total of this page) Total 0.00

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B6E (Official Form 6E) (12/07)

•		
In re	Erin C Kraus	Case No.
-		Debtor ,

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Erin C Kraus	Case No	
_		Debtor	

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	С	Н	usband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A H		ONTINGENT	LIQUID	ΙD	AMOUNT OF CLAIM
Account No.			Student loan	7	A T E D		
ACS PO Box 7051 Utica, NY 13504-7051		_			D		16,266.74
Account No. xxx7983	+			-	+	<u> </u>	.,
Allied Data Corp. 13111 Westheimer, Suite 400 Houston, TX 77077-5547		_					97.62
Account No. xx1526			   Medical bill for Debtor(s)	-	+		37.02
C.B. U.S.A., Inc. Muenich Court and Hohman Avenue PO Box 8000 Hammond, IN 46325-8000		_	St. James Hospital Anesthesia (Acct: 36907)				
Account No. xxxx-xxxx-6096	+		Credit card purchases	-	+	-	461.70
Capital One Attention: Bankruptcy Department P.O. Box 85167 Richmond, VA 23285-5167		_					854.18
	<u> </u>	<u>.                                    </u>	(Total of	Sub			17,680.24

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In re	Erin C Kraus	Case No.	
_		Debtor	

	Ic	Ι	sband, Wife, Joint, or Community	Tc	Lii	Ь	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CORFLEGEE	Ü	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxx1-226			Well Group Health Partners debt	Т	D A T E D		
CB Accounts 1101 Main Street Peoria, IL 61606		-			D		5,446.41
Account No. xxxxxxx0060	╁		Credit card purchases - Macy's				3,440.41
Department Stores National Bank 111 Boulder Industrial Drive Bridgeton, MO 63044	-	-					417.42
Account No. <b>x4198</b>	╁	$\vdash$	Medical bill for Debtor(s)	+			2
Diamond Headache Clinic Ltd. 467 W. Deming Place Chicago, IL 60614	-	-					100.00
Account No. <b>x4198</b>	┢		5/08 medical visit				
Diamond Headache Clinic Ltd. 467 W. Deming Place Chicago, IL 60614		-					100.00
Account No. <b>x6636</b>	$\mathbf{l}$	-	Medical bill for Debtor(s)	+			
Digestive Health Services 3825 Highland Avenue Tower 2 - Suite 302 Downers Grove, IL 60515		-					535.64
Sheet no. 1 of 10 sheets attached to Schedule of		_		Sub			6,599.47
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	0,555.47

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In re	Erin C Kraus		Case No.	
_		Debtor		

OD ED MODE (S. V. V. V.	С	Hu	sband, Wife, Joint, or Community		:   ı	<u> </u>	5 T	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			֝֟֝֟֝֟֝֟֝֟֝֟֝֝֟֝֟֝֝֟֝֟֝֟֝֟֝֟֝֝֟֝֟֝֝֟֝	) 	AMOUNT OF CLAIM
Account No.			Student loan	Т	E	Γ	Ī	
Direct Loan Servicing Center P.O. Box 5609 Greenville, TX 75403		-				)		1,092.39
Account No. xxx-xx2197	t		Medical bill for Debtor(s)		$\dagger$	+	+	
DuPage Emergency Physicians 3815 Highland Ave, Good Sam Hospital Downers Grove, IL 60515		-						510.57
Account No. xx5A881	t		Medical bill for Debtor(s)	+	$\dagger$	$\dagger$	$\forall$	
DuPage Neurological Assoc. 6833 Kingery Highway Willowbrook, IL 60527		-						255.19
Account No. xx xxxx 7820	H		Student loan (Stafford)	+	$\dagger$	+	1	
EdFinancial Services PO Box 888055 Knoxville, TN 37995-8055		-						458.38
Account No.	$\vdash$		Medical bill for Debtor(s)		+	+	+	
Edward Pavlik, DDS 2555 Lincoln Highway Olympia Fields, IL 60461		_						320.00
Sheet no. 2 of 10 sheets attached to Schedule of			I	Sul				2,636.53
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pa	age	) [	2,030.33

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B6F (Official Form 6F) (12/07) - Cont.

In re	Erin C Kraus	Case No.
_		Debtor

	1			<u> </u>	1.	1-	1
CREDITOR'S NAME,	CODEBT	Hu	sband, Wife, Joint, or Community	CONT	UNLLQUL	DISPUTED	
MAILING ADDRESS	P	н	DATE CLAIM WAS INCURRED AND	Ň	ŀ	S	
INCLUDING ZIP CODE,	В	W	CONSIDERATION FOR CLAIM. IF CLAIM		Q	Ū	
AND ACCOUNT NUMBER	10	C	IS SUBJECT TO SETOFF, SO STATE.	N G	ľ	ΙĒ	AMOUNT OF CLAIM
(See instructions above.)	Ř			N G E N T	D	D	
Account No. xxxxx7700			Credit card purchases on Macy's credit card	7	DATED		
<b></b>			opened by unknown third party	$\vdash$	۲	╁	-
FDSB - Macy's							
9111 Duke Blvd		-					
Mason, OH 45040							
							282.00
Account No. xxxxxx9489	T						
Financial Corp. of America							
12515 Research Blvd	1	l_					
Bldg 2, Suite 100	1						
Austin, TX 78720-3500	1						
Austili, 17 70720-3300							56.88
Account No. Wx0020	f		Medical bill for Debtor(s)	$\dagger$	$\dagger$		
	1						
Fusz Family Dental Ltd.							
430 S. Main Street		-					
Lombard, IL 60148							
							300.00
Account No. xxxxx8196			Medical bill for Debtor(s)				
Good Samaritan Hospital							
3815 Highland Avenue		l_					
Downers Grove, IL 60515	1						
							044.00
Account No. xxxxx3844	$\vdash$		Modical hill for Debtor(c)	+			244.80
ACCOUNT NO. XXXXX3044	-		Medical bill for Debtor(s)				
Good Samaritan Hospital							
3815 Highland Avenue	1	l_					
	1	Ī					
Downers Grove, IL 60515	1						
							1,678.00
Sheet no. 3 of 10 sheets attached to Schedule of	-	_		Sub	tot	al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				2,561.68
Creations from the Charles Charles			(10tal 0	uns	Pα	5C)	

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In re	Erin C Kraus	Case No	_
_		Debtor	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xxxxx1556  Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxxx6109  ICS Collection Service PO Box 1010 Tinley Park, IL 60477-9110	LAIM I I I I I I I I I I I I I I I I I I	UNLIQUIDATED	S P U	OF CLAIM 6,812.54 281.00
Account No. xxxxx1556  Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxxx6109  ICS Collection Service PO Box 1010	LAIM   N   N   N   N   N   N   N   N   N	Q U T E D A T E	AMOUNT	6,812.54
Account No. xxxxx1556  Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxxx6109  ICS Collection Service PO Box 1010	LAIM IN GENT T	D C A T E	AMOUNT	6,812.54
Account No. xxxxx1556  Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxx6109  ICS Collection Service PO Box 1010  Medical bill for Debtor(s)	E N T	D C A T E		
Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxx6109  ICS Collection Service PO Box 1010  - Medical bill for Debtor(s)	T	AT E D		
3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxx6109  ICS Collection Service PO Box 1010  - Medical bill for Debtor(s)		D		<u> </u>
3815 Highland Avenue Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxx6109  ICS Collection Service PO Box 1010  - Medical bill for Debtor(s)				
Downers Grove, IL 60515  Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxx6109  ICS Collection Service PO Box 1010  Medical bill for Debtor(s)				
Account No. xx8707  Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914  Account No. xxxx6109  ICS Collection Service PO Box 1010  Medical bill for Debtor(s)				
Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914				
Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914				281.00
PO Box 914 La Grange, IL 60525-0914				281.00
PO Box 914 La Grange, IL 60525-0914				281.00
Account No. xxxx6109  ICS Collection Service PO Box 1010  -				281.00
Account No. xxxx6109  ICS Collection Service PO Box 1010  -				281.00
ICS Collection Service PO Box 1010 -				281.00
ICS Collection Service PO Box 1010				
PO Box 1010  -				
PO Box 1010 -				
Tinley Park, IL 60477-9110				
				407.00
				167.30
Account No. KRAUxx0001 Medical bill for Debtor(s)				
Integrated Pain Management				
1S. 132 Summit Ave. Suite 308				
Oakbrook Terrace, IL 60181				
				70.00
Account No. x6578 Medical bill for Debtor(s)				
Keystone Orthopedics				
1500 W. 186th Place				
Homewood, IL 60430				
				300.00
Sheet no. 4 of 10 sheets attached to Schedule of	Subt	otal		
Creditors Holding Unsecured Nonpriority Claims	(Total of this p			7,630.84

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In re	Erin C Kraus	Case No	_
_		Debtor	

	1-	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT - NGENT	DZ LL Q D L D A F H	D-SPUTED	AMOUNT OF CLAIM
Account No. xxx8963			Medical bill for Debtor(s)	Т	T E		
Loyola Medicine Two Westbrook Corporate Center Suite 600 Westchester, IL 60154		-			D		35.00
Account No. xxxxxxxx0012	╁		Medical bill for Debtor(s)				
Loyola University Medical Center 2160 S. First Avenue Maywood, IL 60153		-					
	┸						148.44
Account No. xxxxxxxxx0010  Loyola University Medical Center 2160 S. First Avenue Maywood, IL 60153		-	Medical bill for Debtor(s)				15.00
Account No. <b>Kx6319</b>	╁		Medical bill for Debtor(s)				
Medical Business Bureau, LLC 1175 Devin Drive, Ste 171 Norton Shores, MI 49441		-					412.00
Account No. xxx0191	╀	$\vdash$	Medical bill for Debtor(s) for Good Samaritan				413.00
Medical Recovery Specialists, Inc. 2250 E. Devon Avenue Suite 352 Des Plaines, IL 60018-4519		-	Hospital (117612747)				647.34
Sheet no5 of _10_ sheets attached to Schedule of	_	_		Subt			1,258.78
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his 1	pag	e)	1,230.70

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In re	Erin C Kraus	Case No.	
_		Debtor	

	l c	н	sband, Wife, Joint, or Community	Ī c	111	П	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATE	SPUTE	AMOUNT OF CLAIM
Account No. xxx4815			Medical bill for Debtor(s) for Good Samaritan	T	T E D		
Medical Recovery Specialists, Inc. 2250 E. Devon Avenue Suite 352 Des Plaines, IL 60018-4519		_	Hospital		D		1,478.00
Account No. xxx-x-xxxxxx1710			Medical bill for Debtor(s)				
Midwest Diagnostic Pathology SC 75 Remittance Drive Suite 3070 Chicago, IL 60675		_					655.00
Account No. xxx-x-xxxxxx1710	T		Medical bill for Debtor(s)	T	T	t	
Midwest Diagnostic Pathology SC 75 Remittance Drive Suite 3070 Chicago, IL 60675		_					396.00
Account No. xxxxx58-16			Credit card purchases - Victoria's Secret	$\vdash$			
Morgan & Associates 2601 N.W. Expressway, Suite 205 Oklahoma City, OK 73112-7229		_					572.62
Account No.			Personal loan from ex-boyfriend				
Nick Winkler 71 Arboretum Lombard, IL 60148		_					3,000.00
Sheet no. <b>_6</b> of <b>_10</b> _ sheets attached to Schedule of	<u> </u>		<u> </u>	Sub	tota	1 <u> </u>	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				6,101.62

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In re	Erin C Kraus	Case No.	
_		Debtor	

	l c	Ι μ	sband, Wife, Joint, or Community	Tc	Lii	Ь	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	Q U I	DISPUTED	AMOUNT OF CLAIM
Account No. x-xxxx5302			Medical bill for Debtor(s)	T	D A T E D		
Northwestern Medical Faculty Foundation 38693 Eagle Way Chicago, IL 60678-1386		-			D		529.00
Account No. xxxxxxxxxxx8-001			Medical bill for Debtor(s)	$^{+}$			
Northwestern Memorial Hospital Attention: Patient Accounts Superior and Fairbanks Court Chicago, IL 60611		  -					2,128.65
Account No. xxxxxx8291	┢		Prevention magazine	+			,
NSA 270 Spagnoli Road Melville, NY 11747		-					19.94
Account No. xxx0494  Pellettieri & Associates, Ltd. 991 Oak Cree Drive Lombard, IL 60148		-	Medical bill for Debtor(s) Northwestern Memorial Hospital (Acct: 000086946738-001)				
							1,878.65
Account No. xxx-x-xxxxxx9775  Radiologists of DuPage, S.C. 520 E 22nd Street Lombard, IL 60148		-	Medical bill for Debtor(s)				
							1,175.00
Sheet no. <b>7</b> of <b>10</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			5,731.24

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B6F (Official Form 6F) (12/07) - Cont.

In re	Erin C Kraus	Case No.	
_		Debtor	

	Lc	ш	sband, Wife, Joint, or Community	16	1	Ь	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	Q U I	T E	AMOUNT OF CLAIM
Account No. xxx-x-xxxxxx4663			Medical bill for Debtor(s)	٦т	D A T E D		
Radiologists of DuPage, S.C. 520 E 22nd Street Lombard, IL 60148		-			D		91.51
Account No. xxx-xxxxxx2864	-		Medical bill for Debtor(s)				
Radiologists of DuPage, S.C. 520 E 22nd Street Lombard, IL 60148		_					167.30
Account No. xxx-x-xxxxx5632	╀	_	Medical bill for Debtor(s)	+			107.30
Radiologists of DuPage, S.C. 520 E 22nd Street Lombard, IL 60148		-					14.20
Account No. xxxxx-x0287	╁		Medical bill for Debtor(s)	+			
Resurrection Health Care Saint Joseph Hospital 2900 N. Lake Shore Drive Chicago, IL 60657-6274		-					11,600.50
Account No. <b>xx7936</b>	f		Medical bill for Debtor(s)	+	$\vdash$		·
Rush University Medical Group 75 Remittance Drive Dept. 6379 Chicago, IL 60675-6379		_					35.00
Sheet no. <b>8</b> of <b>10</b> sheets attached to Schedule of	_	_		Sub			11,908.51
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	11,000.01

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B6F (Official Form 6F) (12/07) - Cont.

In re	Erin C Kraus	Case No.	
_		Debtor	

	C	Ни	sband, Wife, Joint, or Community	1	ш	П	
(See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	L I Q	SPUTE	AMOUNT OF CLAIM
Account No. xxxxxx6004					E		
SDS 120 Bluegrass Valley Parkway Alpharetta, GA 30005		-			D		25.22
Account No. xxxxxx6366				+	L		
SDS 120 Bluegrass Valley Parkway Alpharetta, GA 30005		-					
Account No. xx Gxx4242			Medical bill for Debtor(s)	+		-	28.25
University Head & Neck Ass. 4647 W. Lincoln Hwy Matteson, IL 60443		-					974.00
Account No. xx Gxx4242	$\vdash$		Medical bill for Debtor(s)	+	$\vdash$		000
University Head & Neck Ass. 4647 W. Lincoln Hwy Matteson, IL 60443		-					
Account No.			5/08 medical visit		-		1,090.00
University Head & Neck Ass. 4647 W. Lincoln Hwy Matteson, IL 60443		_					900.00
Sheet no9 of _10_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			3,017.47

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B6F (Official Form 6F) (12/07) - Cont.

In re	Erin C Kraus	Case No.
_		Debtor

	La	1	I I I Wro I i i i i i i i i i i i i i i i i i i	<del></del>	1	_	
CREDITOR'S NAME,	CODEBT	1	sband, Wife, Joint, or Community	CONT	U N	DISPUTED	
MAILING ADDRESS INCLUDING ZIP CODE,	E	H W	DATE CLAIM WAS INCURRED AND	I N	ľ	P	
AND ACCOUNT NUMBER	I E	J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	Ü	Ĭ	AMOUNT OF CLAIM
(See instructions above.)	O R	С	is subject to seture, so state.	NG E N	Ϊ́ρ	D	
Account No. xxxxx7182			Medical bill for Debtor(s)	<b> </b>	LIQUIDATED		
Habanata at Ohiaana Madiaal Oantan				$\vdash$	10	┝	
University of Chicago Medical Center 1122 Paysphere Circle		l_					
Chicago, IL 60674							
5.110dg0; 12 0007 4							
							31.32
Account No. x-xx8307	<u> </u>		Medical bill for Debtor(s)	T			
Habanata at Okiasaa Bhaatalaa							
University of Chicago Physicians		L					
Group PO Box 75307							
Chicago, IL 60675							
							15.00
Account No. xxx581-8	╁			+			
	1						
VMC & Associates							
PO Box 6035		-					
Broadview, IL 60155-6035							
							20.93
Account No. xxx3499			Medical bill for Debtor(s)				
Martrida Madical Acces 14d							
Westside Medical Assoc., Ltd.		L					
2340 Highland Avenue, #210 Lombard, IL 60148							
Lonibard, ie oo 140							
							1,182.50
Account No. xxxxx4202	T		Credit card purchases - Express	$\dagger$	T		
World Financial Network Nat'l. Bank	1						
P.O. Box 182124 Columbus, OH 43272-4490	1	[					
Columbus, OF 43212-4490	1						
							654.78
Sheet no. <b>_10</b> _ of <b>_10</b> _ sheets attached to Schedule of			<u> </u>	Sub	L tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				1,904.53
Creditors froming Onsecuted Nonphority Claims			(Total of				
					Cota		67,030.91
			(Report on Summary of S	chec	iule	es)	16.060,10

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B6G (Official Form 6G) (12/07)

In re	Erin C Kraus	Case No
-		Debtor

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Lakeside 4700 Lake Trail Drive Lisle, IL 60532 **Apartment lease** 

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B6H (Official Form 6H) (12/07)

In re	Erin C Kraus	Case No	
-		Debtor ,	

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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<b>R6I</b>	(Official	Form	<b>6T</b> )	(12/07)

In re	Erin C Kraus		Case No.	
		Debtor(s)		

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF	F DEBTOR AND SI	POUSE			
Single	RELATIONSHIP(S): None.	AGE(S):	AGE(S):			
Employment:	DEBTOR	I	SPOUSE			
Occupation						
Name of Employer	Neiman Marcus					
How long employed	6 months					
Address of Employer	1201 Elm Street 2800 Renaissance Tower Dallas, TX 75270-2114					
	ge or projected monthly income at time case filed)	Φ.	DEBTOR		POUSE	
	, and commissions (Prorate if not paid monthly)	\$_	3,141.67	\$	N/A	
2. Estimate monthly overtime		<b>»</b> —	0.00	\$	N/A	
3. SUBTOTAL		\$_	3,141.67	\$	N/A	
LESS PAYROLL DEDUCT     a. Payroll taxes and socia     b. Insurance     c. Union dues		\$ _ \$ _ \$ _ \$ _	730.51 120.12 0.00	\$ \$ \$	N/A N/A N/A	
d. Other (Specify):		\$	0.00	\$	N/A	
•			0.00	\$	N/A	
5. SUBTOTAL OF PAYROLL	DEDUCTIONS	\$_	850.63	\$	N/A	
6. TOTAL NET MONTHLY T	AKE HOME PAY	\$_	2,291.04	\$	N/A	
7. Regular income from operat	ion of business or profession or farm (Attach detailed staten	nent) \$	0.00	\$	N/A	
8. Income from real property		\$	0.00	\$	N/A	
9. Interest and dividends		\$ _	0.00	\$	N/A	
<ul><li>10. Alimony, maintenance or s dependents listed above</li><li>11. Social security or governm</li></ul>	upport payments payable to the debtor for the debtor's use of the debtor's use of the debtor's use of the debtor's use of the debtor for the debtor's use of the	or that of \$ _	0.00	\$	N/A	
	on assistance	\$	0.00	\$	N/A	
		<u> </u>	0.00	\$	N/A	
12. Pension or retirement incom 13. Other monthly income	ne	\$	0.00	\$	N/A	
(Specify):		\$	0.00	\$	N/A	
		\$	0.00	\$	N/A	
14. SUBTOTAL OF LINES 7	THROUGH 13	\$_	0.00	\$	N/A	
15. AVERAGE MONTHLY I	NCOME (Add amounts shown on lines 6 and 14)	\$_	2,291.04	\$	N/A	
16. COMBINED AVERAGE N	5)	\$	2,291.04	ļ		

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

In re	Erin C Kraus	Case No.	
		Debtor(s)	

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

expenses calculated on this form may differ from the deductions from income allowed on Form 22A		; шопину
☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. C expenditures labeled "Spouse."	omplete a separate	schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	909.00
a. Are real estate taxes included? Yes No _X		
b. Is property insurance included? Yes No _X_		
2. Utilities: a. Electricity and heating fuel	\$	40.00
b. Water and sewer	\$	20.00
c. Telephone	\$	0.00
d. Other See Detailed Expense Attachment	_ \$	120.00
3. Home maintenance (repairs and upkeep)	\$	20.00
4. Food	\$	200.00
5. Clothing	\$	30.00
6. Laundry and dry cleaning	\$	20.00
7. Medical and dental expenses	\$	300.00
8. Transportation (not including car payments)	\$	200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)  a. Homeowner's or renter's	\$	0.00
a. Homeowner's or renter's b. Life	<u>ه</u>	0.00
	\$	0.00
c. Health d. Auto		0.00
e. Other	\$ \$	0.00
	<u> </u>	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)	\$	0.00
(Specify)	_ '	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the	ie	
plan)	¢	0.00
a. Auto b. Other	\$	0.00
		0.00
c. Other	· <u></u>	
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other Pet care/food	\$	
17. Other Other School loans Pet care/food School loans	_ \$	100.00 300.00
Other School loans	<u> </u>	300.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	and, \$	2,259.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the ye following the filing of this document:	ar	
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	2,291.04
b. Average monthly expenses from Line 18 above	\$	2,259.00
c. Monthly net income (a. minus b.)	\$	32.04

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B6J (Off	icial Form 6J) (12/07)		Document	Page 30 01 49		
In re	Erin C Kraus				Case No.	
			I	Debtor(s)	_	

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Detailed Expense Attachment

## **Other Utility Expenditures:**

Garbage	 10.00
Cell phone	\$ 80.00
Cable	\$ 30.00
Total Other Utility Expenditures	\$ 120.00

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B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Erin C Kraus			Case No.	
			Debtor(s)	Chapter	7
	DECLARAT	TION CONCERN	ING DEBTO	R'S SCHEDUL	ES
	DECLARATION V	UNDER PENALTY (	OF PERJURY BY	INDIVIDUAL DE	BTOR
	I declare under penalty of sheets, and that they are tru	1 5 5	0 0	•	
	sneets, and that they are tru	ie and correct to the of	est of my knowleds	ge, information, and	i dellei.
Date	May 22, 2008	Signature	/s/ Erin C Kraus		
	·		Erin C Kraus		
			Debtor		

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Erin C Kraus	C Kraus		
		Debtor(s)	Chapter	7

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$29,382.00 2007, Debtor's Gross wages
\$7,611.03 2008, year-to-date gross earnings
\$0.00 2006, Debtor's gross wages. Unknown at this time but will be disclosed on IRS

tax transcripts when received.

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL OF CREDITOR PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR
DATE OF PAYMENT

AMOUNT PAID OWING

2

4. Suits and administrative proceedings, executions, garnishments and attachments

None

e a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY

AND LOCATION

DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE

BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF
PROPERTY

3

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE. DESCRIPTION AND VALUE OF TRANSFER OR RETURN **PROPERTY** 

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF CUSTODIAN

OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

**PROPERTY** 

#### 7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

AMOUNT OF MONEY

### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Urban & Burt, Ltd. 5320 W 159th Street Suite 501 Oak Forest, IL 60452

DATE OF PAYMENT. NAME OF PAYOR IF OTHER THAN DEBTOR 5/9/08. Debtor's Father, Mark Kraus,

OR DESCRIPTION AND VALUE OF PROPERTY \$1,500.00

paid

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#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION Charter One Bank 2745 W. Maple Avenue TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE Negative balance that needed to be proceeded.

AMOUNT AND DATE OF SALE OR CLOSING

4

Negative balance that needed to be paid 2/08 up to \$0.00 in order to close account

12. Safe deposit boxes

None

Lisle, IL 60532

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None 

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY **Erin Kraus** 03/08-present

4675 LAKE TRAIL DR APT 1A LISLE, IL 60532-1422

71 Arboretum, Lombard, IL 60488 **Erin Kraus** 2006-03/08

### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous None

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** 

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

5

#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

6

NAME (ITIN)/ COMPLETE EIN ADDRESS

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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20. Inventories

None a Lie

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory,

and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY

7

DATE OF INVENTORY

DATE OF INVENTORY

INVENTORY SUPERVISOR

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the

commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** 

immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

8

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	May 22, 2008	Signature	/s/ Erin C Kraus	
			Erin C Kraus	
			Debtor	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form 8 (10/05)

# **United States Bankruptcy Court** Northern District of Illinois

In re	Erin C Kraus			_ Case No.		
			Debtor(s)	Chapter	7	
	CHAPTER 7 INDI	VIDUAL DEBTO	OR'S STATEME	NT OF INT	ENTION	
	I have filed a schedule of assets and liabili	ties which includes debt	s secured by property o	f the estate.		
	I have filed a schedule of executory contra	cts and unexpired leases	s which includes person	al property subje	ect to an unexpire	ed lease.
	I intend to do the following with respect to	property of the estate v	which secures those debt	ts or is subject to	a lease:	
Descri	otion of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
-NON				•	Ü	
Descrip Proper		Lessor's Name	Lease will be assumed pursuan to 11 U.S.C. § 362(h)(1)(A)	t		
Date	May 22, 2008	Signature	/s/ Erin C Kraus Erin C Kraus Debtor	_		

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<b>United States Bankruptcy Court</b>			
Northern District of Illinois			

Erin C Kraus				Case No.	
			Debtor(s)	Chapter	7
DIS	SCLOSURE OF C	OMPENSATI	ON OF ATTOR	NEY FOR DI	EBTOR(S)
ompensation paid	to me within one year before	ore the filing of the	petition in bankruptcy.	, or agreed to be pa	id to me, for services rendered or to
For legal servi	ces, I have agreed to accep	t		\$	1,500.00
Prior to the fili	ng of this statement I have	received		\$	1,500.00
Balance Due				\$	0.00
The source of the co	ompensation paid to me wa	as:			
☐ Debtor	Other (specify):	Father paid			
The source of comp	ensation to be paid to me i	s:			
•	Debtor		Other (specify):		
I have not a firm.	greed to share the above-di	isclosed compensat	ion with any other pers	on unless they are r	nembers and associates of my law
A copy of the a	greement, together with a l	ist of the names of	the people sharing in th	ne compensation is	attached.
<ul><li>Analysis of the c</li><li>Preparation and</li><li>Representation c</li></ul>	debtor's financial situation, filing of any petition, sche of the debtor at the meeting	and rendering advi dules, statement of	ice to the debtor in dete affairs and plan which	rmining whether to may be required;	file a petition in bankruptcy;
Negotiati reaffirma	ons with secured cred tion agreements and a	pplications as n	eeded; preparation		
Represer	ntation of the debtors i	n any discharge			ces, relief from stay actions or
		CERT	TIFICATION		
		nent of any agreeme	ent or arrangement for p	payment to me for r	epresentation of the debtor(s) in
: May 22, 2008	3		/s/ Edmund G. Urb	oan III	
			Edmund G. Urban	III 6182264	
			Suite 501		
	DISCOURS AND TO SET THE PROPERTY OF THE SOURCE OF COMP  I have not a firm.  I have agree A copy of the action and Representation of Preparation and	DISCLOSURE OF Control of the debtor of the source of the compensation paid to me was all of the source of the compensation paid to me was all of the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of compensation to be paid to me in the source of the	DISCLOSURE OF COMPENSATION Compensation paid to me within one year before the filing of the erendered on behalf of the debtor(s) in contemplation of or in conference on behalf of the debtor(s) in contemplation of or in conference on behalf of the debtor(s) in contemplation of or in conference on the filing of this statement I have received.  Prior to the filing of this statement I have received.  Balance Due.  The source of the compensation paid to me was:  Debtor  The source of compensation to be paid to me is:  Debtor  I have not agreed to share the above-disclosed compensation.  A copy of the agreement, together with a list of the names of the return for the above-disclosed fee, I have agreed to render lega.  Analysis of the debtor's financial situation, and rendering advit. Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and conference of the debtor of the debtor at the meeting of creditors and conference of the debtor of the debtor at the meeting of creditors and conference of the debtor of the debtor at the meeting of creditors and conference of the debtor of the debtor at the meeting of creditors and conference of the debtor of the debt	Debtor(s)  DISCLOSURE OF COMPENSATION OF ATTOR  Fursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I are ompensation paid to me within one year before the filing of the petition in bankruptcy e rendered on behalf of the debtor(s) in contemplation of or in connection with the bank For legal services, I have agreed to accept.  Prior to the filing of this statement I have received.  Balance Due.  The source of the compensation paid to me was:  Debtor  Other (specify): Father paid  The source of compensation to be paid to me is:  Debtor  Other (specify):  I have not agreed to share the above-disclosed compensation with any other pers firm.  I have agreed to share the above-disclosed compensation with a person or persor A copy of the agreement, together with a list of the names of the people sharing in the return for the above-disclosed fee, I have agreed to render legal service for all aspects.  Analysis of the debtor's financial situation, and rendering advice to the debtor in dete.  Preparation and filing of any petition, schedules, statement of affairs and plan which Representation of the debtor at the meeting of creditors and confirmation hearing, an [Other provisions as needed]  Negotiations with secured creditors to reduce to market value; exe reaffirmation agreements and applications as a needed; preparation 522(f)(2)(A) for avoidance of liens on household goods.  Sy agreement with the debtor(s), the above-disclosed fee does not include the following Representation of the debtors in any dischargeability actions, judic any other adversary proceeding.  May 22, 2008  // Se Edmund G. Urban Urban & Burt, Ltd 5320 W 159th Stre Suite 501 Oak Forest, IL 604 708-687-5200 Faz	Debtor(s)  Chapter  DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DI  DURSUMENT OF COMPENSATION OF A STATEMENT OF A

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

# 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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#### **B 201** (04/09/06)

Edmund G. Urban III 6182264

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of Attorney**

X /s/ Edmund G. Urban III

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name of Attorney	Signature of Attorney	Date					
Address:							
5320 W 159th Street							
Suite 501							
Oak Forest, IL 60452							
708-687-5200							
Certificate of Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice.							
Erin C Kraus	X /s/ Erin C Kraus	May 22, 2008					
Printed Name(s) of Debtor(s)	Signature of Debtor	Date					
Case No. (if known)	X						
	Signature of Joint Debtor (if any)	Date					

May 22, 2008

# **United States Bankruptcy Court**Northern District of Illinois

		Tot them District of Innions		
In re	Erin C Kraus		Case No.	
		Debtor(s)	Chapter 7	
	•	ERIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	49
	The above-named Debtor (our) knowledge.	(s) hereby verifies that the list of credit	ors is true and correct to the bes	t of my
Date:	May 22, 2008	/s/ Erin C Kraus Erin C Kraus Signature of Debtor		_
the bes	d Master Address List consisting t of my knowledge. I further dec	, counsel for the petitioner(s) in the all of _5_ page(s) has been verified by comparilare that the attached Master Address List can rest as related to me by the debtor(s) in the above	son to Schedules D through H to be combe relied upon by the Clerk of Court to	mplete, to provide
Date:	May 22, 2008	/s/ Edmund G. Urban III  Signature of Attorney Edmund G. Urban III 6182264 Urban & Burt, Ltd. 5320 W 159th Street Suite 501		_

708-687-5200 Fax: 708-687-5278

ACS PO Box 7051 Utica, NY 13504-7051

Allied Data Corp. 13111 Westheimer, Suite 400 Houston, TX 77077-5547

C.B. U.S.A., Inc. Muenich Court and Hohman Avenue PO Box 8000 Hammond, IN 46325-8000

Capital One Attention: Bankruptcy Department P.O. Box 85167 Richmond, VA 23285-5167

Capital One P.O. Box 30285 Salt Lake City, UT 84130-0285

Capital One Attention: Collections Department P.O. Box 85147 Richmond, VA 23285-5147

CB Accounts 1101 Main Street Peoria, IL 61606

Department Stores National Bank 111 Boulder Industrial Drive Bridgeton, MO 63044

Diamond Headache Clinic Ltd. 467 W. Deming Place Chicago, IL 60614

Digestive Health Services 3825 Highland Avenue Tower 2 - Suite 302 Downers Grove, IL 60515 Direct Loan Servicing Center P.O. Box 5609 Greenville, TX 75403

DuPage Emergency Physicians 3815 Highland Ave, Good Sam Hospital Downers Grove, IL 60515

DuPage Neurological Assoc. 6833 Kingery Highway Willowbrook, IL 60527

EdFinancial Services PO Box 888055 Knoxville, TN 37995-8055

Edward Pavlik, DDS 2555 Lincoln Highway Olympia Fields, IL 60461

FDSB - Macy's 9111 Duke Blvd Mason, OH 45040

Financial Corp. of America 12515 Research Blvd Bldg 2, Suite 100 Austin, TX 78720-3500

Fusz Family Dental Ltd. 430 S. Main Street Lombard, IL 60148

Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515

Hinsdale Orthopaedic Assoc. PO Box 914 La Grange, IL 60525-0914

ICS Collection Service PO Box 1010 Tinley Park, IL 60477-9110 Integrated Pain Management 1S. 132 Summit Ave. Suite 308 Oakbrook Terrace, IL 60181

Keystone Orthopedics 1500 W. 186th Place Homewood, IL 60430

Lakeside 4700 Lake Trail Drive Lisle, IL 60532

Loyola Medicine Two Westbrook Corporate Center Suite 600 Westchester, IL 60154

Loyola University Medical Center 2160 S. First Avenue Maywood, IL 60153

Medical Business Bureau, LLC 1175 Devin Drive, Ste 171 Norton Shores, MI 49441

Medical Recovery Specialists, Inc. 2250 E. Devon Avenue Suite 352
Des Plaines, IL 60018-4519

Midwest Diagnostic Pathology SC 75 Remittance Drive Suite 3070 Chicago, IL 60675

Morgan & Associates 2601 N.W. Expressway, Suite 205 Oklahoma City, OK 73112-7229

Nick Winkler 71 Arboretum Lombard, IL 60148 Northwestern Medical Faculty Foundation 38693 Eagle Way Chicago, IL 60678-1386

Northwestern Memorial Hospital Attention: Patient Accounts Superior and Fairbanks Court Chicago, IL 60611

Northwestern Memorial Hospital 251 E. Huron Street Chicago, IL 60611-2908

NSA 270 Spagnoli Road Melville, NY 11747

Pellettieri & Associates, Ltd. 991 Oak Cree Drive Lombard, IL 60148

Radiologists of DuPage, S.C. 520 E 22nd Street Lombard, IL 60148

Resurrection Health Care Saint Joseph Hospital 2900 N. Lake Shore Drive Chicago, IL 60657-6274

Revenue Production Management PO Box 673775 Detroit, MI 48267-3775

Rush University Medical Group 75 Remittance Drive Dept. 6379 Chicago, IL 60675-6379

Saint Joseph Hospital 4588 Paysphere Circle Chicago, IL 60675 SDS 120 Bluegrass Valley Parkway Alpharetta, GA 30005

St. James Hospital - Anesthesia 38005 Eagle Way Chicago, IL 60678-0001

University Head & Neck Ass. 4647 W. Lincoln Hwy Matteson, IL 60443

University of Chicago Medical Center 1122 Paysphere Circle Chicago, IL 60674

University of Chicago Physicians Group PO Box 75307 Chicago, IL 60675

VMC & Associates PO Box 6035 Broadview, IL 60155-6035

Westside Medical Assoc., Ltd. 2340 Highland Avenue, #210 Lombard, IL 60148

World Financial Network Nat'l. Bank P.O. Box 182124 Columbus, OH 43272-4490